

Patient Sticker Here

Tool for Event Debrief (TED)
For QI purposes only; privileged and confidential

Event Date/Time:	Location: CICU HKU	Type of Event: CAT / Code Blue / eCPR / Other: _____																																				
Huddle Leader:	Huddle Start Time:	Huddle End Time:																																				
<p>HUDDLE LEADER</p> <p>Tell participants about the goals of huddle:</p> <ul style="list-style-type: none">Collect facts about the eventThis is not a test –no "right answers"Gain insight into how our team workscomplete small formsShould take 5 minutes or lessTry to complete as close to event as possible <p>PLEASE COMPLETE THE FOLLOWING</p> <ul style="list-style-type: none"><input type="checkbox"/> TED tool (this packet)<input type="checkbox"/> Participant feedback cards (collect all)<input type="checkbox"/> If applicable: telemetry (<i>print or copy EKG</i>)<input type="checkbox"/> Yellow copy of code recording form<input type="checkbox"/> Put packet in BEAR basket<input type="checkbox"/> Email notification of event to BEARdebrief@childrensnational.org <p>TIPS</p> <p>Focus Participants on:</p> <ul style="list-style-type: none">Their actions/thoughts rather than those of othersDirect and respectful words <p>Address emotional responses <i>following</i> fact collection when possible</p> <p>Need help facilitating? Email us! BEARDebrief@childrensnational.org</p>	<p>Discuss the below questions (this column only) with the whole group after small forms are completed.</p> <p>Systems- Level Issues:</p> <p>Items for follow-up:</p> <p>Lessons Learned/What went well?:</p> <p>End result of event (patient disposition):</p>	<p>1. Was this patient identified as high risk (watcher, "hot spot," etc)? Yes /No a. If yes, to what degree was decompensation anticipated? Strongly / Somewhat / Neutral / Not at all Details:</p> <p>2. What was the patient : nurse assignment for this patient? >3:1 3:1 2:1 1:1 1:>1</p> <p>3. Were roles assigned? No/Yes (by whom?) _____</p> <p>4. Briefly describe: <input type="checkbox"/> Problems with equipment/supplies: <input type="checkbox"/> Other concurrent events in the unit:</p> <p>5. The following roles were assigned (names):</p> <table border="1"><tr><td></td><td>MD Team Lead</td><td></td></tr><tr><td></td><td>RN Team Lead</td><td></td></tr><tr><td></td><td>Pt's RN /RN 1</td><td></td></tr><tr><td></td><td>Recorder</td><td></td></tr><tr><td></td><td>Med prep</td><td></td></tr><tr><td></td><td>CPR</td><td></td></tr><tr><td></td><td>Respiratory</td><td></td></tr><tr><td></td><td>"Runner"</td><td></td></tr><tr><td></td><td>Other</td><td></td></tr><tr><td></td><td>Other:</td><td></td></tr><tr><td></td><td>RN 2 (if applicable)</td><td></td></tr><tr><td></td><td>MD Assist (if applicable)</td><td></td></tr></table>		MD Team Lead			RN Team Lead			Pt's RN /RN 1			Recorder			Med prep			CPR			Respiratory			"Runner"			Other			Other:			RN 2 (if applicable)			MD Assist (if applicable)	
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Briefly describe the patient(history, reason for admission):																																						

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